

SIGN ADDRESS _____

Walton County, GA

NAME OF BUSINESS _____

☐ Permanent ☐ Temporary (____ DAYS) Expires _____

☐ Off Premise

IDENTIFICATION

SIGN OWNER _____

FREESTANDING ☐

WALL ☐

TOTAL NO. _____

TOTAL NO. _____

SIZE		AREA		HGT.		TYPE OF ILLUMINATION (CIRCLE)	
1.	X		SQ. FT.			INTERNAL/INDIRECT	
2.	X		SQ. FT.			INTERNAL/INDIRECT	
3.	X		SQ. FT.			INTERNAL/INDIRECT	
4.	X		SQ. FT.			INTERNAL/INDIRECT	

SIZE		AREA		HGT.		TYPE OF ILLUMINATION (CIRCLE)	
1.	X		SQ. FT.			INTERNAL/INDIRECT	
2.	X		SQ. FT.			INTERNAL/INDIRECT	
3.	X		SQ. FT.			INTERNAL/INDIRECT	
4.	X		SQ. FT.			INTERNAL/INDIRECT	

ROOF ☐

TYPE OF

ILLUMINATION(CIRCLE)

(FREESTANDING ☐

MARKETING

TYPE OF

ILLUMINATION(CIRCLE)

SIZE		AREA		HGT.		TYPE OF ILLUMINATION (CIRCLE)	
X			SQ. FT.			INTERNAL/INDIRECT	
OTHER <input type="checkbox"/>		AREA		HGT.		TYPE OF ILLUMINATION (CIRCLE)	
SIZE		AREA					
X			SQ. FT.			INTERNAL/INDIRECT	
X			SQ. FT.			INTERNAL/INDIRECT	
X			SQ. FT.			INTERNAL/INDIRECT	

SIZE		AREA		HGT.		TYPE OF ILLUMINATION (CIRCLE)	
X			SQ. FT.			INTERNAL/INDIRECT	
(WALL <input type="checkbox"/>		AREA		HGT.		TYPE OF ILLUMINATION (CIRCLE)	
SIZE		AREA					
X			SQ. FT.			INTERNAL/INDIRECT	
X			SQ. FT.			INTERNAL/INDIRECT	
X			SQ. FT.			INTERNAL/INDIRECT	

LIST AMOUNT AND SIZE OF SIGNS EXISTING ON PREMISES: _____

SIGN CONTRACTOR (NAME & ADDRESS) _____

BUSINESS LICENSE # _____

ELECTRICAL CONTRACTOR _____

NOTE: IF SIGN IS TO BE ILLUMINATED DO NOT PROCEED WITH WIRING UNTIL ELECTRICAL PERMIT IS OBTAINED
I hereby agree to indemnify and save the county harmless of all damages, demands, or expenses of every character which may in any manner be caused by this sign or sign structure.

SIGNATURE OF APPLICANT _____

DATE _____

FOR OFFICE USE ONLY

MAP REFERENCE _____

PERMIT FEE _____

ZONE _____

DISTANCE FROM CENTER OF STREET _____

APPROVED TO CONSTRUCT BY _____

STREET FRONTAGE _____

BUILDING FRONTAGE _____

CUSTOMER